

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/549288**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
11		1				
12		2				
13		1				
14	1					
15	1					
16	1					
17		1				
18		2				
19	1					
20		1				
21		2				
22	1					
23	1					
24			1			
25			1			
26			1			
27				1		
28				1		
29				1		
30			1			
31				1		
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33			1			
34				1		
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41				1		
42			1			
43				1		
44				1		
45			1			
46			1			
47						
48						
49						
50						
TOTAL IND.	11	↓	11	↓		↓
TOTAL DEP.	15	←	12	←		←
TOTAL CLAIMS	26		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						